

# EMERGENCY COLLECTION AUTHORITY

FOR.....

In the event of my child being left at the kindergarten after closing time (6 pm.) or the collecting parent  
(or primary carer) being deemed by centre staff as unfit\* to collect my child, or in an emergency. I authorise the following persons to be contacted and to collect my child from the ser-

	<u>Name of person</u>	<u>Phone numbers</u>	<u>Home address</u>	<u>Relationship</u>
1				
2				
3				
4				
5				

Any special instructions or comments:

I understand that in the event that parents and emergency contacts cannot be contacted, the Department of Community Services HELPLINE and/or the Police will be notified and supplied with the contact list provided above.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

- unfit to collect means persons considered by centre staff to be affected by alcohol or other drugs, mental or physically ill, threatening or in fear of danger, so as not to be able to provide reasonable, safe care for the child.

This form is a modified version of the form authorised by the Northern Beaches Child At Risk Committee.